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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### THE INFLUENCE OF THE MENTAL OVER MAN'S PHYSICAL FORCES.

BY A. B. JONES, M. D.,  
Of Portsmouth, Ohio.

Read before the Ohio State Medical Society,  
June 14th, 1872.

(Reported by Dr. J. W. Hadlock.)

We prick the finger with a needle, and instantaneously a nerve of sensation gives us an intelligent idea of violence. By the aid of the scalpel and microscope we are enabled to follow up the nerve fibre to its starting point. No sooner has the sensation reached what we are taught to call the seat of the mind, the brain, than another set of nerve fibres spring into action, and at once withdraw the finger from further injury. These nerves of sensation and motion are simply prolongations of the medullary substance of the brain, spinal cord and semi-lunar ganglions, which find their way to every part of the body. Had no other office been assigned to the brain than the control of these forces alone, it would have a duty of highest importance to perform. But we have an office assigned it infinitely higher than that of sensation or motion. The brain is the workshop of man's mental forces; this we will neither assume nor deny, holding either position beyond demonstration, but simply ask, where are the nerves of thought? Are they wrapped up in the gray or white substance of the brain, to grow and strengthen, as Prof. Agassiz advises us, by eating fish? or as Mark Twain pertinently suggests, a whale? Or are they

lying loose in the front and large portion of the brain, the one-fourth of which I have seen a boy lose, from a fracture caused by a gunshot wound, without affecting his mind? But the object of this paper is not so much to hunt up the exact location of man's mental forces, as to show their influence upon physical organs, the exact location of which we do understand, together with their functions. That a man may enjoy good physical health with a very feeble intellect is a fact so well established that but few will controvert it. But the converse will not hold good; the immortal part of man, that which was made in the likeness and image of the Infinite, is dependent for its proper, full and vigorous development upon the healthy and well-developed condition of all the physical organs.

A man is no more capable of reasoning correctly who is in confirmed hypochondria, which we have been taught to believe has its origin often in the derangements of digestion, than he would be with softening of the brain, or, if you please, with a tumor on the brain. Yet the mind, so to speak, may dwarf the man physically to such an extent as to cut off its own supply; and it is this, as guardians of the health and preservation of our race, that we are daily called upon to consider, and, it may be, to correct. The influence of the mind is more frequently, and, perhaps, more directly, felt upon the stomach than any other organ. Who of us has not sat down to dinner with a keen relish for the good things set before us, when some sudden news, depressing, perhaps, in its character, has in a moment induced satiety. Intense grief or fear is

said to have changed the color of the hair in a single night from black to white. An over anxious feeling, coupled with hope and doubt, is very apt to increase the secretion of the kidneys. Prurient thoughts will increase the secretion of semen; the cry of a young child will start the lacteal flow in the mother; the fear and dread of a cancer have, without much doubt, converted a simple fibrinous tumor of the breast into a malignant one; putrid or disgusting objects may produce emesis; and there is but little doubt but that the mental emotions may be so operated upon as to cause an attack of diarrhoea. And so we might go on until we had enumerated nearly all of the secreting organs of the body. Men in good health meet with some little reverse in their business, they grow anxious about it, lose sleep and appetite, then they worry because they cannot either eat or sleep, until they become sick. The physician is told everything but the truth, when he proceeds to worry them additionally with drugs. When death supervenes, they die of "softening of the brain," a very convenient disease for men to die of; the skull is so thick that you cannot conveniently feel the brain through it; and then if an autopsy is made, why, the brain is always sure to be soft, which proves eminently satisfactory to the friends.

A sick person grasps the thoughts of a physician the moment he enters the chamber, and he holds them as if they were things tangible, just as he does the outstretched hand, only he holds them long after the doctor has gone on his weary way. Hence the quiet, cool, easy, cheerful, graceful, self-possessed, confident doctor is always the successful practitioner. A physician once wished to compliment a lady who had brought a floral tribute to one of his sick patients, and while looking upon the beautiful bouquet of flowers close to the blanched cheek, he politely remarked that he once knew life and death poised in the balance, and the delicate odor of the citron turned the scale in favor of life. While this may not be literally true, it is not without its effect, and it is as much the duty of a physician to look after and control that spirit essence, or subtle essence, the mind, as it is to know that the stomach has been relieved of its noxious bile, or that the fevered pulse now keeps pace with his own. The finest medical lecture ever given, at least in so short a compass, was by Solomon; it is this,

"A merry heart doeth good like a medicine, but sorrow is as rottenness in the bones."

It is a common saying that you must have faith in a doctor, or his medicine will not cure you. Now confidence and trust in a physician's skill is, no doubt, oftentimes fraught with good results. The solution of this is that the mind is relieved, in a measure, of its anxiety, ceases to concentrate itself upon the diseased organ; but this is not so much a cure by faith, as it is a cure by mental over-physical force. It is not only that one's own physical organs are influenced by mental force, or mesmeric force, but that through the latter, or nerve force, one's mind exercises a material influence over another's physical organs. This pertinently suggests the necessity of a thorough study and knowledge of human nature, by the well-educated physician. It is not unfrequently the case that we find physicians eminently qualified to practice their profession who are very unsuccessful in their practice. Why is this? It is certainly not because their diagnosis has been faulty, neither is it because improper medicines have been used; but it is because the mind of the patient in stretching forth its delicate tendrils—may be bruised ones—found nothing to refresh and strengthen them. Simply because the souls of the physician and patient, or their minds, did not seek to get acquainted with each other. This certainly is the chief cause of their failure, and tells us very plainly that our minds, our souls, our thoughts, must be administered, as well as our drops and pills, if we would successfully combat disease.

We occasionally meet persons with imaginary diseases—imaginary in the beginning, but real in the ending. Again, there are some persons who have had real disease, been thoroughly cured, and yet their minds, so to speak, remain so full of the disease that they cannot be made to believe they are well, and a depressing influence is thus brought to bear upon their general health, closely allied, if not akin, to the trouble they have been cured of. Now, blister, plaster and quinine will not relieve this class of patients; they can only be cured by administering to what we have been taught to call a diseased mind an equal amount of healthy mind. How is it to be done? Well, there comes the rub; it is enough for my present purpose to say it must be done. Association occasionally develops disease. For instance, chorea. A boarding-school miss gets sick,

recovers in a degree, but there remains with her an involuntary motion of some of her limbs, beyond her control. This occasionally extends through an entire class, almost as much so as rubecula or pertussis would. This, of course, I do not class as a disease of the mind, but rather as one that may be caused by acting through the mind. One other class of patients, and I am done. A patient comes to you, a highly intelligent gentleman, a lawyer perhaps, may be a divine; he has read a great deal, he has thought a great deal, and no doubt but he knows a great deal in his line. He holds in his hand an advertisement, which he has cut from a newspaper, of some patent medicine man, or it may be a leaf out of Jayne's almanac; possibly some disciple of Hahnemann has sugared him up by his description of the aches and ills that flesh is heir to. Now, he wishes you to distinctly understand that he does not believe in patent medicines, and as for those little pills, he thinks nothing could be more insignificant, unless, perhaps, it might be the knave or ass who peddles them. "But then," continues he, "they have described my feelings better than I could do it myself, and it may be possible that this is just what I need." You examine the case carefully, and find instead of his needing a "Liver Invigorator," "Lung Balsam," "Blood Purifier," or "Catarrh Snuff," that he has simply overtaxed himself, both mentally and physically, until he can easily imagine aches he does not feel. But there is still another, and perhaps better reason; it is this: nearly every patent medicine man describes about the same class of symptoms, in about the same words, no difference what the disease he is describing. This is not noticed by the general reader. It requires only a little careful wording, with a moderate degree of ingenuity, to tell a man about how he feels, for there is scarcely any sick man who feels well. A little address may be well in the beginning; for instance, preface your remarks with, "You know from your own personal observation that he is a man who will not give up to trifles; that he has a general feeling of languor and debility all over; an occasional chilliness, followed with more or less fever, flashes of heat, a general aching all over, an occasional palpitation of the heart, a little nervous, will start suddenly if frightened, irregular appetite, cannot sleep well, a little running round of the head if he stoops down and rises up suddenly; after

eating a hearty meal he gets up from the table feeling full." Now, this will satisfy nine men out of ten. Of course, I need not here remark that this is all absurd, but nevertheless it is kindred stuff, through patent medicine advertising, that causes a great deal of the diseases of both the mind and body that we are called upon to treat, and I merely refer to it to illustrate the action of the forces of which this paper is the subject.

#### A CASE OF LITHOTOMY.

By WM. FAULKNER, M. D.,  
Of Erie, Pa.

On the 17th of November, 1871, I was called into Crawford county to examine the case of Mr. J. W. M., set. something above 70. He was a large-framed man, full six feet in height, considerably emaciated, and wore an expression of protracted and severe suffering. The following is the history he gave me of his case:—

"Twenty years ago I first experienced symptoms of disease about my bladder, which have increased from year to year, and have given me considerable trouble at times, without materially disturbing my general health, until within the last eight or ten years, since which I have found my health giving way under the influence of the disease and the pain I have suffered; have been losing weight and strength; have suffered from deranged digestion and want of rest and sleep. Have had frequent painful attacks in which it was impossible for me to urinate, and it has been very difficult and painful to have the catheter used at such times, and (as his physician informed me) required an instrument of more than ordinary length. For some years now I have had, more or less constantly, a painful desire to urinate, and it has only afforded me momentary relief to pass my water; in twenty or thirty minutes the desire would become painful again, and for the last two years I have not at any time been able to void one drop of water by a voluntary effort. I have learned to use the catheter myself, and it has been my only relief; night and day I have been obliged to use it to get a few moments' ease from this distressing desire to make water. Within the last two years I have been much afflicted with the very offensive odor of the urine; it looks badly, and throws down a very singular deposit, and, as you see, my general health

is very poor. I get no rest, no sleep, my appetite is gone, my bowels are constipated, and I am much troubled with the piles; this is much aggravated by an ungovernable desire I have to strain and force away the water when I introduce the catheter; if I had the dysentery this feeling could not be more urgent and uncontrollable. Now, Dr., I have always considered my case beyond the reach of physicians, and I have only consented to send for you at the suggestion of Dr. Gray, and now I want you to tell me what you can about it."

Upon inspecting the urine I found it extremely offensive, with a deposit of mucus, pus, and blood; and upon using the sound I readily detected a calculus, without being able to estimate its size, from the fact that the instrument was firmly held by the urethra, with very little latitude of motion, in consequence (as I inferred) of enlargement of the prostate. I gave him a combination, in form of syrup, of rhubarb, uva ursi, and bicarbonate of soda, and sulphate of morphia, gr.  $\frac{1}{3}$ , three times per day, and suitably regulated his diet. In ten days or two weeks he wrote me that he was much more comfortable; he rested better at night, bowels were regulated, appetite better, and the irritability of the bladder considerably moderated; and on the 7th of December I operated on him by the lateral incision, in presence of Drs. Biechard, Wilson, Kibler, Blakeslee, Lovett, and my brother, M. L. Faulkner.

When he was placed in position I noticed his pelvis was very narrow, and upon making my incisions, found the perineum very deep, requiring a strong effort to force the finger as far as the membranous urethra, making it a matter of some difficulty to open into the staff, and at no time during the operation could I more than touch the gland with the point of my finger. The calculus proved to be a friable phosphatic formation, and broke down with the first grasp of the forceps. After removing all fragments, and clearing the viscus of all foreign particles, the old gentleman was placed in bed, and stimulated until reaction became fully established, and he made a fair but slow recovery. The urine passed off freely through the cut, and from week to week lost much of its offensive odor. He was not long in realizing great relief from the operation, and expressed his appreciation of it in the most decided terms.

His system gave evidence of low vitality, the granulations were pale and of low sensibility and slow growth. He required supporting treatment, and the wound was kept carefully cleansed and stimulated with carbolic acid.

After the first month the catheter was used at regular intervals, that the escape of urine through the cut might not interfere with the granulation.

In the latter part of February or first of March he began to go out among his neighbors, and some time in April, for the first time, he passed his urine by a voluntary effort. His urine had by this time become normal, his general condition good, and soon after he began to give attention to business. I regard this case as presenting some points of interest: First. For its history, covering a period of twenty years, gradually developing those symptoms peculiar to stone in the bladder. Second. Its complication with senile prostatic enlargement, with inability to urinate. Third. The very small space between the bowel and ramus of the ischium and pubes. Fourth. The great depth of the perineum. Fifth. The friability of the calculus.

These conditions are sources of embarrassment in this operation which will be fully appreciated by surgeons who have had like cases. I might mention his restored power of urination as one of the interesting features of the case, which will be remembered was lost two years prior to the operation, and was, no doubt, due to the enlarged prostate, a pathological condition not very amenable to treatment as a rule.

His improved general condition is very satisfactory, he having recovered a greater degree of good health and capacity of enjoyment than was expected after becoming fully acquainted with his case.

#### DOUBLE HYDRO-SARCOCELE.

BY E. MICHENER, M. D.,  
Of Toughkenamon, Pa.

Read before the Oxford (Pa.) Medical Society.

Thirteenth of ninth month, 1868, was called to see the subject of the following history, William —, a colored laboring man, some 60 years old, unmarried, quite temperate, and withal a devout Christian. I obtained the following narrative of the case:

For the last four or five years he has been suffering a gradual enlargement of the



testicles, without ever having experienced any pain, soreness, or other inconvenience therefrom, except mechanically, from their increased size and weight. He enjoyed good health, and performed his daily labor without suffering. But during the previous wheat harvest he was thrown from a wagon loaded with sheaves and received several injuries, the worst of which was a severe contusion of the left testis, which had been, from the first, much more enlarged than the other. From that date both testes enlarged more rapidly, and the injured one, especially, became extremely painful and tender to the touch. He was now obliged to maintain a recumbent position, but continued to suffer much pain.

A physician was called, who attended him for several weeks without apparently arresting the progress of the disease, as the pain and tumefaction were still on the increase. His efforts appear to have been directed to subdue the inflammation and promote absorption. When these failed he suggested emasculation as a prospective necessity.

In this condition of things, William says, "The Lord told me not to take any more of that doctor's medicine; but I did not mind him for some time. But he spoke louder the next time, and I had to mind him. I answered him, No, Lord, I never will take any more of his medicine."

I give the narrative as he has repeatedly told it, and as I feel assured that he confidently believes it did occur. He says "the voice was audible and distinct as any man could have spoken."

*Present condition.*—It is now more than two months since the injury occurred. His health is somewhat impaired by protracted suffering, otherwise it might be called good.

On examination I find the left testis enormously enlarged, measuring vertically five inches, and transversely three. On the lower anterior aspect there is some slight elasticity and fluctuation, above it is firm and resisting, nearly free from pain or tenderness. The left testis is still larger, seven inches long, by three and a half wide, firm and resisting throughout, very sensitive to pressure, and constantly painful. The surface of the testes is smooth, not nodulated, and the spermatic cords are not materially enlarged. The skin, though hot, is not anywhere adherent, or implicated in the tumefaction. Enlarged arteries may be felt beating strongly beneath the skin, and the

superficial veins are considerably enlarged. My diagnosis was *Sarcocoele*, complicated on the right side with *Hydrocele*, and on the left with acute *Orchitis*, consequent on the contusion, and now becoming more chronic. But it was impossible to altogether ignore the danger of a malignant tendency.

After a deliberate consideration of the case, I decided to pursue the following course of treatment, subject to any subsequent indications which might arise.

1. Absolute rest, in a recumbent position.
2. Abstemious, cool diet.
3. Bladders of ice, or iced lead water to the scrotum.
4. Epsom, or Rochelle salts, daily, to gentle purging.
5. Tart. antim., in nauseating doses, every six hours.

This programme was faithfully carried out, with the assistance of a kind neighbor, a good samaritan.

In one week after I found him clear of pain; the testes had lost about *one-fourth* of their former dimensions; were much more soft and yielding to the touch, and evinced very little tenderness on pressure.

The same treatment was directed to be continued, and was enforced as far as he could be induced to submit. But as the necessity became less urgent, the treatment became more *irksome*, and had to be relaxed, though not abandoned.

The improvement continued with accelerated speed. In three weeks I found him walking out on his lot, free from discomfort. In another three weeks he husked and stored his corn crop, without suffering any inconvenience.

I saw him at the end of three months the left, the largest testicle, had very nearly gained its normal size and condition. The right one was now larger, on account of some remaining hydrocele, but did not occasion him any serious trouble.\*

These, gentlemen, are the simple facts. It is for you to draw your own conclusions. The diagnosis, the treatment, the unlooked-for success, the special Providence which the patient assumes in the case, all claim your consideration, and are subject to your award. What will be your verdict?

\* He continues to be a healthy, hard-working man, up to the present time; but I am not able to state the condition of the testes for some months past.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

Abstract of Interesting Papers Read before the British Medical Association.

The British Medical Association met this year at Birmingham, August 6th-9th. We quote from the Journal of the Association, epitomes of the more interesting practical papers read before it.

#### THE TREATMENT OF RHEUMATIC GOUT.

By JULIUS ALTHAUS, M. D., M. R. C. P. —The author of the paper commenced with some remarks on the nature and pathology of rheumatic gout, which he likened to the atheromatous process in the internal tunic of the arteries occurring in old people, and which, he said, was one of those highly insidious and chronic inflammatory conditions characteristic of the period of involution and senile decay. After glancing at some results of recent microscopical research in the morbid anatomy of rheumatic gout, the usual treatment of this disease was criticised, and found to be open to improvement. The author had, for the last six years, sought and found opportunities to use the constant current in such cases, and had been well satisfied with the results. It could not cure rheumatic gout; it could not prevent the patients from advancing in age, nor check altogether the process of involution and senile decay to which the system must in the end succumb; but it did good in the following ways. 1. It acted as a general tonic to the system, and improved all the most important functions of the body, if applied in a peculiar manner, which was described in the paper. 2. It procured sleep, even in cases where opiates or chloral did not answer. 3. It relieved the pain. 4. If perseveringly applied, it reduced deformities. The author did not wish to imply that the use of internal remedies should be altogether eschewed in the treatment of this disease, as by thus acting we should only deprive ourselves of many chances to do good to our patients; but in the cases treated by him, he had given the first place to the constant current, and given medicines internally only for removing complications. He laid stress upon the necessity of persevering with the galvanic treatment for a considerable time, in order to do permanent good; and gave directions as to the way in which the treatment should be carried out.

#### LACTIC ACID IN DIABETES.

By BALTHAZAR FOSTER, M. D. —Dr. Foster began by calling attention to the low temperature which he had observed in diabetes, and the bearing which this had on the respiratory theory of the disease. By

means of diagrams, the daily excretion of sugar and water, the specific gravity of the urine, and the body-weight of each patient were represented graphically, under ordinary diet, animal diet, and under treatment by lactic acid. An analysis of the diagrams showed that under the acid treatment, the quantity of urinary water was notably diminished, and in a less degree the daily amount of sugar excreted. The specific gravity of the urine was less affected. The bodily temperature rose under the use of lactic acid, and the functions of the skin were restored. Dr. Foster also observed that the acid exercised a favorable influence on the lung-complications in some cases.

#### CASES OF DIABETES MELLITUS TREATED WITH LACTIC ACID.

By JOHN W. OGLE, M. D. —Dr. Ogle described several cases of saccharine diabetes, in which he had, in addition to the use of a non-amylaceous diet, used lactic acid in considerable quantities. The details and results of some of these had been already mentioned in some of the weekly periodicals; and Dr. Ogle now brought before the Section the particulars of two cases which had recently been under his care at St. George's Hospital, and of which daily notes, with registration of amount of urine and its specific gravity, of the weight, and sometimes temperature, of the body, had been carefully noted. The two cases were admitted into hospital on the same day, one being a male aged 20, the other a female aged 28. In both cases meat, and non-amylaceous vegetables, with gluten, bread, etc., were given for several days, without the administration of any remedies. In the case of the woman, who was treated for eleven weeks before the lactic acid was given, the urine ranged in quantity between 112 and 178 ounces per diem; after the use of the acid the quantity quickly sank, and throughout its use fluctuated between 40 and 70 ounces daily, one day being as low as 30 ounces. During the whole of this time the specific gravity remained much the same as when the patient came to the hospital. In the case of the man, who was treated for seven weeks, under the lactic acid treatment, no marked diminution of urine, and no change in the specific gravity was observed; but after its long continued use, whether owing to it or not was doubtful, great constipation came on, requiring active aperients. As regarded the weight of the body, in both cases during treatment it fell; in the man from 8st. 5lbs. to 7st. 7lbs.; in the woman from 7st. 3lbs. to 6st. 8lbs. In the case of the man the temperature was chiefly above the normal, on one occasion only being below, and then it was 97.4—on

one occasion reaching 102.8. In the woman it was almost always *below* the normal, mostly being below 98. In both cases the morning and evening temperatures were often taken, but neither one nor the other was uniformly below or above the other. In both cases the lactic acid was increased until four drachms were taken in the day, and this was persisted in for several weeks. In neither case were any sting-like pains, rheumatic or other, complained of during the entire treatment, and in neither was any noticeable perspiration produced. In both cases the sweet and hay-like smell of the breath existed. In neither case was there any indication of interference with or affection of the nervous system; power of movement of the entire muscular system, and sensibility, both general and of particular organs, were entire throughout. The uvula, palate, and pupils were natural. In neither case was there albumen or uric acid in the urine; and in neither was there any decided lung-mischief manifest, though a degree of harshness of respiration was perceptible in the woman. Although in one case a decided diminution of the amount of urine, without increase of specific gravity, followed the use of the lactic acid, yet in both cases flesh and strength were lost, and Dr. Ogle did not think that these cases showed that any benefit arose from treatment.

#### RICORD ON SOFT CHANCER.

A member asked M. Ricord if the soft chancre was capable of damaging the constitution.

M. RICORD, in acknowledging a vote of thanks, said that the soft chancre never gave rise to constitutional symptoms; but then it was not always easy to distinguish between the hard and the soft one. After a hard one, six weeks or two months, or, at all events, six months, would not pass away before secondary symptoms would appear. The hardness of the chancre was not always well characterized; it might be very superficial, something like parchment; and cases which had been sent to him as soft, were really hard chancres. But there was one thing which would distinguish the hard from the soft more than the relative degree of hardness of the base, and that consisted in the swelling of the glands which accompanied a hard chancre; here was never inflammation. The two groins were frequently affected after a hard chancre, but they did not suppurate; and there was this value attached to this distinguishing symptom of a hard from a soft chancre, that the swelled groin enlarged within the first fortnight. In the soft chancre there was no such chronic swelling of the glands in this time, and it did not come on without suppuration. Many had tried and failed to induce swelling arising from a hard chancre to suppurate.

An inflammatory bubo, with a soft chancre, followed sometimes six months afterwards; but in this case there would be no secondary symptoms. He could say to his

patients who came to him with a well-developed hard chancre, "Within six months, you will, if treatment be not commenced, have something more." There was this peculiarity about a soft chancre, that a man with one had no immunity from catching a hard chancre; and, from different sources, he might have both hard and soft at the same time, and he might see which he liked best. This was, however, a rare case; and the medical man could then foretell the patient that in one groin he would have a non-suppurating bubo, and in the other a suppurating one.

Mr. Lord asked M. Ricord to give his views with regard to the restrictions placed on the action of women in respect to stopping the disease from extending its ravages.

M. Ricord considered that the action of Government in this particular was without doubt a good thing, and would be better if other Governments concurred in the work; but as it was, English sailors brought the disease to the French ports, and so prevented the action of the French Government from being so effective as it would otherwise be.

#### DISLOCATION OF THE PATELLA.

By GEO. SOUTHAM, F. R. C. S., Manchester.—This accident occurred in a gentleman aged 22, in good health and with well-developed muscles, whilst wrestling with some companions in a first-class railway carriage. The patella was in a vertical position, the outer edge resting on the outer side of the external condyle of the femur, the inner forming a sharp projection at the front of the knee. The skin over it was so tense that the bone seemed as if it would force itself through the integuments if pressure were applied to it. The pain was most excruciating. Chloroform was administered, and the leg raised to relax the extensor muscles. Pressure on each side of the bone was then made, but its position could not be altered. The knee was now bent; and when the leg was at a right angle with the thigh, the bone suddenly slipped into its place. Mr. Southam believed the difficulty hitherto experienced in reducing this rare form of dislocation may be obviated by placing the patient well under the influence of chloroform before any manipulation is attempted; the pain which usually attends the injury forming a serious obstacle to reduction.

#### TREATMENT OF CANCER WITH GASTRIC JUICE.

By C. H. F. ROUTH, M. D., London.—After referring to former papers which he had read on cancer of the uterus, and the success which had attended some of these cases when treated by bromine, and referring also to some successful cases published by Dr. Wynn Williams, Dr. Routh proceeded to speak of the employment by Drs. Broadbent and Barclay of acetic, citric, and carbolic acid, which were supposed to act by causing a solution of cancerous cells. Dr. Routh then proceeded to speak of gas-



trio juice as a substance far more active than any of these acids. Instancing the two very remarkable cases cured by this agent by Messrs. Lusana and Pagello in Italy, the author proceeded to consider the mode in which remedies should act in cancer, as founded on physiological as well as pathological experience: 1. Selection by certain remedies of particular tissues. 2. Diminished vitality of diseased, as compared to healthy tissue. 3. Cessation of a new growth to increase, and its rapid disappearance, when circumstances favorable to its development were removed. 4. The absence of a central attractive growth, by its removal, prevented its reproduction. Dr. Routh detailed his mode of procedure in obtaining the gastric juice, which was a great difficulty. He expressed his preference for Morson's pepsine, as being that which he had more frequently used formerly, and that prepared by Messrs. Young and Postans, which he had chiefly used latterly. He then detailed the effects which he had observed produced by gastric juice on cancerous sores, specially those produced on a cancerous growth by the application of bromine previously: 1. Solution of sloughs. 2. Solution of the granular projections of the growths themselves. 3. The rapidity of its action. 4. Absorption and disappearance of glandular enlargements beyond the seat of growth. He then detailed the effects of gastric juice on the digestion of ordinary albuminous bodies even when diseased, and their conversion into nutritive peptones for the nutriment of the body, a process which justified the hope that, in some cases at least, the poisonous cancerous tissue might be so modified as even to become nutritive, and so arrest the cancerous cachexia. Dr. Routh spoke of Mr. Long's preparations of gastric juice in glycerine, and the preparation of Messrs. Young and Postans, without glycerine, instancing the remarkable influence which both preparations had in healing sores which had resisted often nearly every other remedy employed, as particularly encouraging. Two typical cases were given in illustration.

Mr. Spencer Wells (London), in opening a discussion on the paper of Dr. Routh, was of opinion that it is better practice to apply the caustic when practicable. Dr. Henry Bennet (London) said that thirty years' experience convinced him that the less that was done the better. Many cases were treated as cancer where cancer never existed. It was very doubtful whether the cases recorded were really cases of cancer. He found cancer of the body of the uterus very uncommon. Dr. Hickinbotham (Birmingham) asked Dr. Routh, if gastric juice were a cure for cancer, how was it that cancer of the stomach occurred? Dr. Steele (Liverpool) very much doubted whether Dr. Routh's grounds were well founded.

#### THE CHANGE OF LIFE.

By E. J. TILT, M. D., London. The author reminded the Section how frequently

medical men promised those suffering from protracted uterine inflammation that the change of life would effectually cure it, and bar its recurrence, whereas he was not afraid of asserting that this was a great mistake, and that one variety of uterine inflammation frequently occurred after the menopause, and remained undetected, because the patients, believing they could no longer suffer from uterine inflammation, generally bore their sufferings without seeking medical advice. The only kind of uterine inflammation that Dr. Tilt had frequently observed, after the menopause, was a more or less acute inflammation of the cervical mucous membrane, which generally brought on vaginitis; and he represented the symptoms as those well known. Although of a mitigated severity, the author had found such cases less amenable to treatment than at an earlier period of life, particularly when marked ulceration round the os uteri gave evidence of a similar state of the rest of the cervical mucous membrane. Dr. Tilt explained that when, at the menopause, the sexual organs were healthy, they gradually shrank by a process of physiological involution, and were ever after free from congestive and inflammatory liabilities; whereas, on the contrary, this physiological atrophy of the sexual organs might not occur for ten or fifteen years after the change, if the sexual organs were diseased, during which time women remained liable to uterine inflammation. The author stated: 1. That the occasional recurrence of that form of uterine inflammation which he had described might be safely predicted to all those who had been for years martyrs to chronic inflammation of the entire womb, whenever such patients presumed too much on their partly recovered strength after the change. 2. That inflammation of the cervical mucous membrane might be expected whenever the uterine tissues were being constantly teased by a small fibroid or polypus; when the cervix was hypertrophied or of a fibroid consistency; also in cachectic women, in whom one or more mucous membranes were always diseased. The author advised medical men to warn all such patients that they would not escape a mitigated form of uterine inflammation, if they did not take proper care of themselves after the menopause.

#### SECONDARY UTERINE HEMORRHAGE.

By JOHN BASSETT, Esq., Birmingham.—Mr. Bassett described thirteen cases of secondary uterine hemorrhage which had fallen under his observation in private and consultation practice. In all the cases the hemorrhage was severe, and in two it proved fatal. It varied in the time of its coming on, from the third to the thirty-second day after delivery. The cases were placed in three groups; in the first were five cases, in which the cause of the hemorrhage was irregular and inefficient contraction of the womb, with clots in the interior; in the second group were four cases where the hemorrhage



arose from the presence of a piece of placenta; the third group also contained four cases, in which the cause of the hemorrhage was a portion of retained membrane, a fibrous polypus, or inversion of the uterus; and in the last instance, as far as could be ascertained, the hemorrhage, which came on in the twenty-seventh day after delivery, was produced by imperfect involution.

#### REMOVAL OF INVERTED UTERUS BY LIGATURE.

By HENRY HORTON, M. R. C. S.—The case was of at least two years' standing. It had been thought to be and treated as polypus, but the ligature had not been applied. At each menstrual period the patient was almost drained to death, and for a very considerable time before removal there had been continual menorrhagia. To remove any doubt of the uterus being inverted, a most careful examination was made, both digital and by speculum. The abdominal parietes were so flaccid that the finger was easily pressed into the os in its inverted position, whilst two fingers of the left hand retained the fundus in a fixed position. There was not a single bad symptom after the application of the ligature, not even the slightest hernia; from which Mr. Horton concluded that there was (if one might use the term) union by the first intention, and that of sufficient strength to enable the obliterated os to bear the weight of intestine in a short time after the operation. The patient was able to walk, perform her household duties, and, in fact, to enjoy her existence in a way which she had given up all hope of ever doing again.

#### DISINFECTION OF AIR.

By A. ERNEST SANSOM, M. D., London.—In many of the infectious diseases (notably variola, scarlatina, rubella, pertussis, pyæmia, erysipelas, and diphtheria) the patient is a centre from which the *materies morbi* is diffused, and the vehicle of transmission is frequently the atmosphere. The object of disinfection is the rendering inert of the *materies morbi*. We cannot rationally apply means intended to influence such *materies morbi*, without having a strong conviction as to its nature. Modern analytical research, especially the investigations of Chauveau and Sanderson, has shown that in certain infectious diseases the poison is a solid which can operate in no way as mere dead organic matter. Unless one assume it possessed of a hypothetical power of catalysis, one cannot explain its properties, and this term is gradually becoming improved off the face of science. In fact, it can be stated that no kind of catalytic change of organic bodies ever takes place without the intervention of living things or their active secretions. This paper assumed that the "poison" of infectious diseases which may be carried by the air consists of particles of living matter. Reviewing the agents for air-disinfection now employed, and the *rationalité* of their action, the author considered

that no non-volatile agent, such as permanganates and chlorides, can have any appreciable effect whatever; that oxidizers, *purs et simples*, are also inefficacious, chlorine having little if any action as a disinfectant. Iodine, however, is a valuable agent, and sulphurous acid and carbolic acid are very energetic air-disinfectants. The author detailed a series of experiments, showing, 1, that bacteria and monads are killed by air which contains carbolic acid; 2, that the germs in the air which develop into fungi are also killed by an atmosphere containing carbolic acid; 3, that, whilst the presence of sulphurous acid or of carbolic acid in the air prevents putrefaction, and the concurrent development of living forms, the so-called oxidizing disinfectants fail to prevent either. It is demonstrated that antiseptics existing even in small proportions only in the air, kill the low forms of life, and the probability is strong that, in like manner, they destroy the germs of disease. The author exhibited an apparatus made for him by Messrs. Savory and Moore, for the continuous supply of carbolic acid to the air of a sick chamber.

After some remarks by Dr. Alexander (Halifax) and Mr. Eytton Jones (Wrexham), Dr. Heslop (Birmingham) said he thought that inquiry must be directed to the power of hot water in destroying the germs of infectious diseases. About two years ago he recorded an inquiry as to the results of clothing from a scarlatina ward being mixed with the clothing of other wards in the hospital, the clothing of the former ward having first been subjected to hot water and chloride of lime. He was unable to say whether the clothes were submitted to boiling water, but they were placed in hot water, and chloride of lime was carefully employed. What was the result? They were so alarmed at the frequency with which scarlatina broke out in the other wards of the Children's Hospital, notwithstanding the most minute precautions were taken, that it was determined to make a thorough investigation. The first thing that occurred to them was that, instead of the whole of the clothes being washed together, the clothes from the scarlatina ward should be sent away to a woman who took in no other washing. After being so disturbed that it became a question with some whether the Children's Hospital should be kept open, that single circumstance completely prevented the diffusion of scarlatina to the other wards of the hospital. This was two years ago, and if a case of scarlatina had since occurred it had been engendered in the institution.

#### THE USE OF ARSENICAL COLORS.

By A. HILL, M. D.—Dr. Hill had had his attention called to this question during the last few months by a number of articles being submitted to him for analysis. Mineral green was an arsenite of copper, and was in great request on account of its brilliancy. It was this color of which ladies were fond for the artificial flowers which they wore. It was this color which was used for wall

papers, and which, in connection with gypsum, produced a large number of light and pleasing colors. It was made in enormous quantities; in England alone 700 tons were made in 1860. The men who made it were liable to be attacked by all the symptoms of arsenical poisoning, but this was rarely fatal. The speaker instanced the case of one man who suffered from arsenical poisoning from sleeping in a room hung with a paper of this color. It was warranted not to contain arsenic, but was brought to Dr. Hill for analysis, and proved to do so. The patient was put under treatment, and for many months the symptoms remained. At length he had almost recovered, when he met with an accident which proved fatal. The color was used by cooks and confectioners in ignorance of its deleterious properties, and by toy-makers for the purpose of coloring toys—a very dangerous practice, since the first place into which a child put a toy was generally its mouth. He had known of one case in which this dangerous material was employed to color the walls of the children's room in a hospital. The material was submitted to an analysis, and on its nature being discovered it was, of course, at once removed.

#### ON THE RELATIVE CONTAGIOUSNESS OF THE DIFFERENT FORMS OF SMALL-POX.

By W. S. BRITTON, Esq.—The author expressed his conviction that that form of small-pox known as modified, in which the pustules were conical, without any depression in the centre, was not of the same contagious character as the true form, with the depression. During the recent epidemic of small-pox, the writer held the appointment of surgeon to a large district in Marylebone, and had every opportunity of testing the correctness of his opinion, with the following results. 1. Every case of true small-pox was removed to the hospital generally on the second day of the eruption, where all the usual precautions were taken; but, in spite of this, within three weeks of the attack the disease, in 40 per cent. of the cases, appeared in some person who had previously been associated with the patient. 2. On the other hand, about fifty cases of modified small-pox (that characterized by conical pustules, without any depression) came under his notice. They were not taken into hospital, but were allowed, without restriction, to mix with the other members of their family, and in no one case did the disease appear in any person so exposed to its influence. He concluded, therefore, that modified small-pox was not contagious.

#### The Treatment of Thoracic Aneurism.

This is the subject of an essay lately published in London by Dr. GEORGE W. BALFOUR. He recommends *iodide of potassium*. In the cases related the dose of the iodide varied from five to thirty grains three or four times a day. In some of the cases unpleasant symptoms were at first produced,

and the drug had to be discontinued for a time. Ultimately Dr. Balfour came to the conclusion that no advantage resulted from beginning with small doses, but that as it was desirable to saturate the system as rapidly as possible, it was, all things considered, better to begin with full doses, as of thirty grains, intermitting them occasionally for a day or two on the occurrence of any unpleasant symptom. He has found that thirty grains given once in the day will produce iodism, when the same dose, given three times, has no such effect; and he always now gives thirty grains three times a day, with a full opiate, or dose of chloral at bedtime, with the certainty of at once inducing tolerance; the iodide, he believes, counteracts both opium and chloral, which require to be given very freely; and finally he considers that it is only by keeping the patient persistently saturated with the drug for many months that permanent amendment is to be obtained.

"In regard to the adjuvant treatment, there are one or two remarks which seem to me of considerable importance, and these may be comprised under the two heads of position and diet. Whatever is capable of lessening the frequency of the heart's action, without impairing the strength of the patient, or vitiating the quality of his blood, cannot but be an unimportant adjuvant in the treatment of aneurism. The enforcement of the recumbent position, therefore, which is so influential in this respect, has seemed to me a matter of paramount necessity, and has been strictly carried out in almost all of my cases; indeed, in the most serious one (Case XXIII), the patient was laid upon his back for fully ten of the eleven months he was in my ward, not being permitted even to turn upon his side, any attempt to do so being always attended by a recurrence of his disagreeable symptoms. I have no doubt that the success attained in his case, as well as in others, was very considerably due to the long-continued perfect rest in the recumbent position; and in the treatment of so serious a disease as internal aneurism I should consider it most unwise to neglect the employment of this simple but efficient mode of aiding the cure. No doubt the enforcement of this portion of the treatment is irksome and impossible of attainment without the intelligent acquiescence of the patient, but I have not had any difficulty in obtaining this, on explaining my reasons, and the object I had in view; and I may make the same remark as to diet. Aware of the evils of starvation on the one hand, and of plethora on the other, my patients were at first put upon a somewhat restricted mixed diet, fish being given for dinner, at first at all events, as being the least nutritious form of animal food, while they were told voluntarily to restrain their appetite as much as possible, and to make use of no more than what they felt to be sufficient to maintain themselves. In regard to fluids, water, tea, or milk alone were allowed; and though

they were not doled out in a measured quantity, yet similar directions were given in regard to them as in regard to solid food; explanations were given in regard to the result desired, and the evils to be avoided, and careful inquiries were daily made as to the mode in which these advices were being complied with, so as to impress their necessity and importance upon the patients. I have had no reason to be dissatisfied with the result of this reciprocal confidence between patient and physician, and I believe it to be more conducive to the well-being and the comfort of the former, than any more precise definition of amounts by weights and measures."

#### Inversion of the Uterus.

A case of successful reposition of the inverted uterus, after twenty-two years' duration, is reported in the *Buffalo Medical and Surgical Journal*. The operation was as follows:—

June 23d, 1872.—Prof. White, with Profs. Julius F. Miner and M. G. Potter, Drs. Geo. N. Burwell and W. C. Phelps, and the writer, whom he kindly invited to accompany him, proceeded to the residence of the patient, in the town of Colden, Erie county, New York. She was found to be feeble and very anæmic, and slight hemorrhage from the tumor was then occurring. Prof. Potter, who was requested to take charge of the anæsthetic, administered some chloroform to the patient, and the tumor was then examined by several of the gentlemen present. It resembled in size and shape an ordinary hen's egg, and was suspended in the vagina by a long, narrow pedicle, continuous with its smaller extremity.

This appearance, particularly the small and elongated cervix, led some who examined it to doubt its being a uterus at all, and to consider it, rather, a polypoid growth. But a probe could not be passed along the pedicle into the os, as might have been done had the tumor been a polypus.

The uterus could not be detected by palpation over the abdomen. A probe passed up the vagina was felt both by the finger in the rectum and the hand placed over the hypogastrium; also the finger passed up the rectum came in contact with the anterior abdominal wall, as felt by the other hand; all these diagnostic means proving the absence of the uterus from the situation which it normally occupies.

By these negative proofs Dr. White was entirely convinced that the tumor was the inverted uterus, and he therefore proceeded to attempt the reposition of the same, in the presence of the above-named gentlemen, who accompanied him, and also Drs. Strong, of Colden; Davis, of Boston; and G. H. Lappham, of Aurora. Dr. Potter had produced anæsthesia by chloroform, which he now exchanged for ether, with which he kept the patient anæsthetized during the operation.

Dr. White now assumed the kneeling posture in front of the patient, who had been placed upon the bed so that her hips projected a little beyond its edge, her feet resting in the laps of Drs. Miner and Phelps, who sat upon either side of Dr. White, each supporting a knee and holding a hand of the patient. He then introduced his right hand into the vagina, and began manipulating the tumor. This manipulation consisted in compressing the uterus, which relieved its congestion, and rendered it more pliable, and in making gentle pressure in the line of the axis of the pelvis by use of the uterine repositor. After continuing this a short time, the doctor brought the tumor down to view, when a glance sufficed to assure the doubting of its true nature. By the pressure which had been exerted the neck had been shortened and dilated, the body and fundus reduced in size, the superior angles (now inferior) were distinctly seen, and altogether the tumor then presented the normal outline of a uterus of small size.

The operator's uterine repositor\* consists of a stem of wood or hard rubber, about ten inches in length, straight or curved, one extremity of which is enlarged and cup-shaped to fit the fundus uteri, the other extremity having attached to it a coil of steel spring wire, against which the breast of the operator may be placed, who, by leaning forward, may exert a constant and gentle pressure upon the uterus, and thus relieve his other hand, with which he can facilitate the repositing, by manipulating the upper end of the uterus, either through the abdominal wall or by passing a finger up the rectum. This repositor was again introduced, and a pressure of eight or ten pounds exerted by it, and at the same time compression was made by the hand within the vagina upon the portion of the uterus protruding beyond the os, the same hand also retaining the fundus uteri and cup of the repositor in coaptation, the left hand being employed as above suggested. When, in this manner, the cervix had been made to embrace the fundus, the uterine repositor was substituted by a large rectal bougie, with which pressure was continued until the close of the operation.

At the end of an hour and fourteen minutes Dr. White was obliged to discontinue his efforts, on account of the benumbed condition of his hand, caused by the pressure upon it of the narrow and unyielding vagina.

The fundus at this time was within the cervix and above the os, and the doctor considered the reduction substantially accomplished. He requested Dr. Miner to continue the manipulation, which he did, and in sixteen minutes, or just one hour and a half from the beginning of the operation, Dr. Miner enjoyed the satisfaction of announcing that the uterus, which for twenty-

\* A full description of the Uterine Repositor, illustrated with plates, will be found in the *American Journal of the Medical Sciences*, for April, 1872, and *Buffalo Medical Journal*, for May, 1872.



two years had been completely inverted, was now as completely reposit.

Two hours after the operation, when we left her, the patient was quite as comfortable as had been anticipated. An opiate was administered, and directions were given the attendants to keep her perfectly quiet for at least a fortnight. She recovered satisfactorily.

#### Glycerin, its Medical Properties and Uses.

Professor CHARLES A. JOY gives the following summary in the *Journal of Applied Chemistry*:—

The following recipe is for the preparation of glycerin lotion: Glycerin, 3 fluid ounces; mucilage quince seeds, U. S. D., 10 fluid drachms; pulverized cochineal, 5 grains; hot water, 1½ fluid ounces; deodorized alcohol, 2½ fluid ounces; oil rose, 8 drops; pulverized gum arabic, ½ drachm; water, 8 fluid ounces. Rub the powdered cochineal first, with the hot water gradually added, and then add the alcohol. Triturate the oil of rose with the powdered gum arabic, and gradually add the water, as in making an emulsion. With this mix well the solution first formed, and filter, and to the filtered liquid add the glycerin and mucilage of quince seeds, and shake well. The mucilage of quince seeds should always be freshly made.

A good ointment is made by boiling 80 grains of starch in one fluid ounce of glycerin. The ointment never becomes rancid; it is inodorous and does not change. Corn starch has been found best suited for the purpose. A stiff plaster can also be made with 150 grains of starch boiled in one ounce of glycerin. A sedative plaster is made with sulphate of atropia, 3 grains; veratria, 3 grains; sulphate of morphia, 8 grains; otto of roses 1 drop; hard glycerin ointment, 1 ounce.

Four parts by weight of yolk of egg rubbed in a mortar with five parts of glycerin give a preparation of great value as an unguent for application to broken surfaces of the skin. It has a honey-like consistency, is unctuous, like fatty substances, but has the advantage over them of being easily removed by water. It is also unalterable. Applied to the skin it forms a varnish, which effectually excludes the air and prevents its irritating effects. These properties render it serviceable for erysipelas and cutaneous diseases, of which it allays the action.

Anhydrous glycerin possesses the property of withdrawing water from tissues to which it is applied. Dr. Marion Sims some time ago demonstrated that a ball of lint dipped in glycerin and applied to a freely suppurating surface arrests the secretion, and the glycerin plug has been advantageously applied by other physicians.

Glycerin vaccine lymph is highly prized on account of its stable character. For its preparation the pustules of a healthy vaccinated person are opened with a needle and

the effluent matter carefully removed by means of a lancet. It is put into a suitable vessel and mixed with twice its quantity of chemically pure glycerin and as much distilled water. The liquids must be thoroughly incorporated by means of a paint brush, and for preservation can be put into capillary tubes.

A glycerin ointment of much repute for chapped hands and excoriations is made as follows: One-half ounce of spermaceti is melted together with a drachm of white wax and two fluid ounces of oil of almonds, by a moderate heat; the mixture is poured into a Wedgewood mortar, when a fluid ounce of glycerin is added to it and rubbed till the ingredients are thoroughly mixed and cold.

The introduction of glycerin in small quantity into pills prevents induration and decomposition. Where resin is present it is well to add a small quantity of alcohol. In general the substitution of glycerin for syrups when prescribing medicine in liquid form is highly recommended by physicians; the reason for this recommendation may be stated as follows: It possesses great solvent power, and mixes well with most substances; it acts as a preservative to the medicine by preventing fermentation and decomposition; in the practice of children it counteracts fermentation in the stomach, acts as a nutritive, and diminishes irritation in the alimentary canal; it has no superior for giving acid substances, such as tincture of gualac, turpentine, ammonia, chloroform, acids, etc.

Sesquichloride of iron and glycerin have been prescribed in cases of diphtheria. The mixture consists of two ounces of pure glycerin and 20 drops of the liquor ferri sesquichloride. Half a teaspoonful is given every hour throughout the day and night until the symptoms appear to be mitigated. With the object of dissolving the exudate, a mixture of two ounces of glycerin and 20 grains of borax is similarly given in doses of a teaspoonful at a time. The good effects in cases of hoarseness and loss of voice led to the application of glycerin to the treatment of croup. The application is made by inhalation through some form of atomizing apparatus.

Dr. Fanto (*Wiener Medicinische Zeitung*) remarks that leading dermatologists are coming to use glycerin, locally applied, as a substitute for many internal remedies that have been extensively employed in cutaneous affections. Glycerin has proved especially valuable in cases of abnormal secretion of sebaceous substances. This is caused by disease of the sebaceous glands, and has its seat, not, as was formerly supposed, in the subcutaneous connective tissue, but in the corium itself. Sometimes the complaint takes the form of a hypersecretion from these glands. This occurs for the most part in infancy, and is known as *seborrhæa*. It is most commonly seen on the scalp, on the face near the ear muscles, and, more rarely, on the extremities. In such cases glycerin acts excellently in softening the hardened masses of sebum on the surface of the skin.



and in diminishing the irritation of the organs affected. In conjunction with borax, zinc, and acetate of lead, it also diminishes the amount of secretion. In many instances the treatment must be continued for a considerable time, in order to effect a cure.

Glycerin is equally useful in cases where there is a diminution of the sebaceous secretion, which may lead to pityriasis. In this harsh state of the skin, the softness and natural elasticity may be restored by rubbing glycerin into it. None but a perfectly pure article should be used.

#### Diagnosis of Pelvic Swellings.

In the *Lancet* we have the following abstract of two lectures by Dr. HEYWOOD SMITH:—

After a few introductory remarks on diagnosis, arising out of Hippocrates' aphorism, "The coming to a conclusion is difficult," the lecturer sketched the method he considered the best for eliciting the correct history of a case, and then, going at once to the subject, said: "I make no apology for using the word 'swelling' in preference to the ordinary Latin word 'tumor.' My reason for doing so is this: In some way or other the word *tumor*, while including all the signification of swelling, has added to it in the public mind the idea, not merely of a swelling of a part, but of a growth more or less separate or separable, and generally of a dangerous character. This idea of an entity independent of surrounding structures is often fixed so indelibly in the patient's mind that the hope of a remedy prompts the frequent question, 'Can I have it dispersed, or must it be cut out?' It seems so important to do away entirely with this erroneous impression from the minds, not only of patients, but also of ourselves, that I have used this word 'swelling' as conveying a meaning more akin to the truth. With regard to the limitation 'pelvic,' by it I would confine our present investigation to those swellings that lie wholly, or have their greater part situate, within the boundaries of the pelvis."

The exercise of the various senses as means of diagnosis was then fully explained, and the various methods usefully tabulated; but there is only room here for their partial enumeration. The sense of touch was divided into *immediate* and *intermediate*. Under the head of immediate touch were placed: (1) The simple digital touch (*a*) of the vagina, (*b*) of the rectum; (2) the "double touch"—bi-digital touch, or recto-vaginal examination; (3) the conjoined examination; and (4) abdominal palpation. Intermediate touch was explained to be that by the sound, whether uterine or vesical, and also by the thermometer. The sense of sight is exercised usually through specula of various devices directly on the object, or on fluids withdrawn by fine trocars, or by the microscope. Hearing is called into play in immediate or intermediate auscultation, and in discriminating between the often slight variety of note or pitch elicited from imme-

diately or intermediate percussion. In speaking of immediate touch, Dr. Heywood Smith said: "It may here be remarked that, as a rule, the sensation of touch, as perceived by an internal examination, is such as to convey to our minds the presence of a body larger than really exists. The following explanation is submitted as not altogether improbable: The apprehension by the mind of degrees of comparison stands in relation to brain-work as given out in nervous energy. Now our ordinary measurements by the sight need but little movement of the eyes; also, on calling in touch to our aid, an object is usually grasped by several fingers at once, necessitating but little motion; but, in internal examination, it is necessary that the point of the finger should journey round a tumor in order to comprehend it, and the mind, taking cognizance of the size by the amount of motion required, builds up an idea of comparative greatness so much larger in proportion to the nervous energy expended in acquiring the information."

The lecturer then, before dividing the subject-matter under its various heads, made some remarks on the morals of vaginal examinations, in the course of which he said: "If a patient applied to a physician for diseases of the chest, he would be deemed to have gone into the case but superficially unless he had made a most thorough examination by means of every appliance that could be brought to bear on the subject. In the same way, and similarly, as a matter of course, the pelvis should be examined where there are indications of its necessity. The indelicacy lies not in the examination itself, but in making much, or indeed anything, of it; the necessity arises out of the very nature of the case, and it should never be introduced with a preface, as if it were out of the usual order of things, but undertaken in the ordinary investigation of the case, with the same unaffected ease with which a sight of the tongue would be requested."

The system of classification chosen as that considered the best under which to arrange the large amount of material was the anatomical; and the first main division was into (1) normal and (2) abnormal pelvic swellings.

1. The normal pelvic swellings may be thus enumerated—(*a*) the bladder full; (*b*) the uterus unimpregnated; (*c*) the uterus impregnated; and (*d*) the rectum loaded with feces.

2. Abnormal pelvic swellings were considered in relation to the various organs and tissues involved, and embraced swellings connected with the bladder, the uterus (fundus and cervix), the ovaries, the oviducts, the broad ligaments, the vagina, the rectum, and, finally, any swelling within the pelvis that had not been included in the above list.

Among swellings connected with the bladder were mentioned and illustrated calculus, abscess, cancer, cystocele, foreign bodies, etc. In diseases of the uterus the

cervix uteri is the portion which most often shows itself as a pelvic swelling, especially in its state of cancer of various forms, chronic inflammation with deposit, engorgement with elongation of the cervix uteri, polypi of various kinds, and the occasional malformation of a double uterus. Cancer of the cervix uteri in its early stage has, in the form of scirrhus, to be differentiated from indurated (benignant) deposit in the labia uteri, and in the form of epithelioma to be separated from recent ulcer, syphilis, and granular inflammation seated upon a hard basis in the cervix.

For the diagnosis of these several maladies, it is not merely requisite that the different morbid appearances should be most carefully observed, but also that the histories of the cases should be most accurately gone into and traced, so as, if possible, to make the diagnosis tolerably certain by the very history, and almost independently of any examination. The cases of induration of the cervix uteri present a hardness often circumscribed, occasionally involving the whole of one lip. In these cases the submucous hardness seems to lie at a somewhat greater depth below the membrane than does the hard tissue of carcinoma.

Sometimes diseases affecting only the body or fundus uteri present themselves per vaginam as pelvic swellings. Cancer of the fundus unassociated with, or, in fact, secondary to, carcinoma cervicis is rare; yet when it does occur it may be mistaken in diagnosis for fibrous tumor. The cervix high up or the body is felt to be bulging and hard, not very tender; the os uteri not patent; no discharge; in fact, the case may lack the characteristics of cancer. The history, too, may not be much help, for women will often live for several years before they find out that they are the subjects of fibrous tumors; and in cancer, in some cases, the disease may advance some way with scarcely any pain and without discharge. In such a case the passage of the sound will generally reveal the nature of the swelling; for when it touches a cancerous mass some bleeding is usually set up, and doubtless, at the same time, some pain too. Should, however, the diagnosis be not even then cleared up, the lips of the womb should be divided freely bilaterally, when cancer would reveal itself by being forced through the os uteri. A fibrous tumor might also thus, under certain circumstances, be forced through, or rendered amenable for exploration; and in that case division might enable further remedial measures to be taken. In the case, however, of fibrous tumors the history should be taken into consideration, as these may exist without much evidence of their presence for many a year. While speaking of uterine fundal swellings, it may not be out of place here to mention chronic inversion of the uterus: a condition liable, without due care, to be mistaken for a polypus; but the passage of the sound, disclosing an invagination of cervical tissue, determines the solution of the difficulty.

The lecturer then came to consider the various versions and flexions of the uterus, inasmuch as they produced pelvic swellings which it was absolutely necessary should be differentiated from each other and from other morbid conditions for the purposes of diagnosis. In considering *anteversion* it must be borne in mind that to constitute an abnormality the uterus must lie nearly horizontally; the natural position of the organ being at right angles to the plane of the pelvic brim, and so anteverted as regards the perpendicular. In *retroversion* attention is called to some difficulty in defecation, with backache among other things, and the simple touch generally reveals the nature of the dislocation. In *retroflexion*, however, while these symptoms are generally exaggerated, there is also a post-cervical swelling separated from the cervix by a sulcus which is not found in retroversion. That this swelling is the flexed fundus is only to be demonstrated by the introduction of the uterine sound, for the proper use of which minute directions were given. *Anteflexion*, on the other hand, was described as producing more severe subjective symptoms, and for its proof requiring the careful use of the sound. These flexions were also referred to as occurring in the impregnated uterus. Other organs, some of whose morbid conditions should be ranged under the head of pelvic swellings, were then considered, namely, the ovaries as felt in chronic and acute ovaritis; also all the ovarian cyst formations, whether unilocular, multilocular, or histoid of various kinds. After referring to diseases of the oviducts, the pelvic swellings that are connected with the broad ligament claimed attention; these arise from cyst, pelvic cellulitis, abscess, peritubal serous effusion, and para-uterine, or extra-peritoneal areolar hæmatocele. Cysts are scarcely distinguishable from those of the ovary save by their contents. Cellulitis is differentiated by its history from hæmatocele, and both from fibrous tumors, by the absence of constitutional symptoms with the latter and by the use of the simple touch of the uterine sound. Pelvic swellings confined to the vagina may be caused by abscess in its wall, cancer, cicatrices, fibrous tumor, syphilis, condylomata, cysts, polyp, and foreign bodies. Cancer of the rectum may produce a pelvic swelling felt per vaginam, as also rectocele.

Dr. Heywood Smith then drew attention to certain swellings that might be present in the pelvis, and which had not been included in the above classification, as increased projection of the promontory of the sacrum, exostosis, cancer of the bone of the pelvis, abscess of the kidney, extra-uterine foetation, enterocele, hydatids, aneurism, and post-uterine intra-peritoneal hæmatocele. The bony diseases are recognized by their hardness, which, in osteo-sarcoma, is varied by portions of friability. Pyonephrosis may extend into the pelvis and produce a swelling. The diagnosis of extra-uterine foetation was carefully gone into, and its

differentiation from fibrous tumor and ovarian cyst indicated. The rare accident of enterocele was explained, and hydatids and aneurism alluded to as rendering the list complete; and the last pelvic swelling considered was intra-peritoneal hæmatocele. This was explained to be more a symptom, though a very grave one, of some mischief, happening generally suddenly, in connection with some previously diseased pelvic organ. A table was shown exhibiting, in parallel columns, the differentiating signs and symptoms between it and pelvic cellulitis, extra-uterine pregnancy, ovarian cyst, fibrous tumors, retroflexion of the uterus, and extra-peritoneal hæmatocele respectively.

The lecturer concluded with these words: "In order to diagnose pelvic swellings with accuracy, it is necessary that we should habituate ourselves to an orderly, deliberate, and logical investigation of the question before us; and failing, as we so often do, to be able to grasp special pathognomonic signs, let us give our careful attention to the following: (1) to any deviation from the normal state of any function, not only of the organs affected with disease, but also of neighboring organs, or organs functionally connected; (2) to all the absolute physical changes in any part under observation which may be discovered by any means in our power. To these ends we should bring to bear all the knowledge and appliances that modern medicine has furnished us with. And when we have done all this conscientiously, and have come to a conclusion which we have every reason to believe is a right one, how humiliating to have to confess that that labor has only given us the knowledge of the existence and character of the disease, and that on arriving at a correct diagnosis we have scarcely even entered the solemn portals of our art."

#### Case of Excessive Hypodermic Use of Morphia.

Dr. J. B. ANDREWS reports the following case in the *American Journal of Insanity*:-

A woman, thirty years of age, single, seamstress, with no hereditary tendency to insanity; but was of a highly nervous and excitable organization, emotional and irregular in feeling; at times buoyant and lively, and then gloomy and depressed. Her health during early life was delicate, though she suffered from no definite form of disease. At the age of 20, in April, 1862, she was seized with pain in the head. It was of short duration, but very severe, and during its continuance the patient was delirious. Attacks of the same character, both in the severity of the pain and the mental disturbance, have occurred since, at intervals of from one to three months. In 1864 she had acute rheumatism, and in 1865 a severe attack of diphtheria.

After the local disease of the throat had apparently subsided, vomiting supervened, and was repeated every few hours for some five weeks. To relieve this condition and procure sleep, hypodermic injections of mor-

phia were successfully employed, for about one week, and the patient rapidly regained her health. Some two years after this, or in July, 1867, she had an attack of inflammation of the bowels and peritoneum, and for four weeks was delirious most of the time. She improved somewhat in health, but for the four months succeeding had frequent attacks of frenzy, during which she often threatened to take her own and her mother's life, and became very difficult to control. In October following she had improved so far as to pass from the immediate charge of her physician. Soon after this he ascertained she was using hypodermic injections of morphia, to relieve pain in her limbs and different parts of her body.

A few weeks before she was sent to the asylum she passed into an acutely maniacal condition, in which she was sleepless, ate little and irregularly, lost flesh and strength rapidly, and became quite feeble. She was destructive of clothing, pulled her hair out, was noisy, incoherent, and violent; opposed care, wandered about, and was with difficulty controlled. In this condition she was admitted to the institution on the 5th of May, 1871. She was carried to the ward, and placed in bed. Examination revealed scars and ecchymosed spots, covering nearly the whole of the body which could be reached by her own hand. She asserted that she had employed the hypodermic injections for three and one-half years, once, and much of the time twice a day, making in all about two thousand injections; that during the last few months of its continuance, she had used a drachm and one-half of morphia per week; that she inserted the needle perpendicularly to the surface, and often carried its full length into the tissues. For two days she was sleepless, and retained no nourishment. Chloral, in thirty grain doses, was then administered, which was tolerated by the stomach, and secured sleep. The vomiting gradually became less frequent, and soon ceased. She ate well, gained flesh and strength, all maniacal symptoms subsided, and in twenty days she was up and about the ward. Menstruation, as she said, had been suppressed for two years. As she complained of pain in the back, and other symptoms which usually preceded it, she was placed on use of capsules of apiol, and on the 24th of June began to menstruate, but the flow was scanty, and accompanied by much pain.

During the month following she steadily gained in mental strength, and became quite stout. At time of next menstrual period the right breast swelled to an extraordinary size, so that we were obliged to suspend it with adhesive straps. It was hard and extremely sensitive to touch. This condition of swelling and tenderness extended in a narrow ridge to the spine. The state of the breast was at first supposed to be owing to the sympathetic action of the organ with the renewed activity of the menstrual function. For two weeks applications were employed, without success, to relieve the pain



and tension. At this time, on the 13th of August, the patient, in rubbing her hand over the breast, discovered an elevated point, just under the skin, which on pressure gave a pricking sensation. This was cut down upon, and a broken needle extracted. On the 15th another needle was removed. The breast was now inflamed, and extremely sensitive, August 28, another needle was taken out. August 29, menstruation began again. The flow was profuse, and she became at once delirious. Was talkative, restless, profane and obscene, and pulled her hair out. She continued in this condition some twelve hours, and, as she stated the next day, was entirely unconscious of what had occurred.

From this time till September 28 from one to five needles were removed daily from the breast. Menstruation then occurred again, and was characterized as before by a similar attack of mental disturbance. After this, during the months of October and November, needles were taken from various parts of the body; from the left breast, the abdominal *parietes*, the *Mons Veneris*, the *labia*, and *vagina*. Of these latter, some passed across the urethra, and rendered urination difficult and painful; others across the *vagina*, either end being imbedded in opposite sides. Some were removed from the thighs, from the leg, down to the ankle, from the buttocks, from about the *anus*, from the back as high up as between the shoulders. The largest number extracted in any one day was twelve.

On one occasion ether was administered, but the difficulty experienced in bringing her under its influence, and the mental disturbance produced by it, were so great that it was not again resorted to. During the whole period, to her final illness, she retained her flesh, though she ate and slept irregularly, under use of tonics and sedatives. She was in a variable mental state, at times irritable, petulant, fault-finding, attempting to create ill-feeling between attendants, and demanding unnecessary care and waiting upon. At other times she was abnormally cheerful, gay, pleasant, and fulsome of praise of all around her.

For the first two months but comparatively little pain was felt in the extraction of the needles. The skin was thickened, harsh and dry, and almost insensible, from the prolonged and distributed use of the injections. Afterward she suffered acutely, and often begged, with tears, that their removal might be postponed from day to day. About a month before death she had an attack of localized pneumonia, affecting the lower portion of right lung. This was accompanied by stridulous breathing, spasm of the glottis, *globus hystericus*, crying, and other hysterical manifestations. It was followed by an attack resembling muscular rheumatism, characterized by great pain and hyperæsthesia of surface. The right arm was swelled, hot and extremely sensitive. It was supported on a pillow and kept bathed in anodyne lotions. She lost appe-

tite and sleep, became much depressed, and gave up all hope of recovery. Her tongue became dry and brown, pulse rapid, secretions offensive, and mind very feeble. A diarrhœa supervened and the evacuations of bowels and bladder were involuntary. She became unconscious, and finally comatose, and died on the 25th of December, 1871.

No needles were removed during the last two weeks; 236 were taken from her body during life; 11 were found in the tissues after death; three were passed from the *rectum* during sickness; making a total of 300 needles and pieces. Of this number, 246 were whole, and 54 were parts of needles.

#### Oxygen as a Disinfectant.

In the French journal *Les Mondes* it is said that oxygen has been tried with excellent results in purifying the air of the wards, in a great number of diseases, in the military hospital of Versailles.

Mention is also made of the discovery of M. Kopp, a German chemist, of the faculty which titanium has to absorb oxygen; also that the azotized titanium, when heated to 300° in a current of hydrogen will evolve ammonia.

M. Kirkpatrick gives the following method for producing oxygen in the cold. He makes a mixture of commercial chloride of lime with four times its weight of water, and treats it with a hydrate or compound hydrate of nickel or cobalt in solution or in suspension in water. The reaction takes place immediately, the chloride is decomposed, and oxygen is disengaged with effervescence.

## REVIEWS AND BOOK NOTICES.

### BOOK NOTICES.

*The Physiology of Man; designed to Represent the Existing State of Physiological Science, as applied to the Functions of the Human Body.* By AUSTIN FLINT, Jr., M. D., etc. Nervous System. New York: D. Appleton & Co., 1872. 8vo, cloth, pp. 470.

This constitutes the fourth volume of the great work on human physiology which has been engaging the author's unremitting attention for a number of years. It embraces the nervous system, with the exclusion of the special senses. These, and the function of generation, will be considered in the fifth and last volume of the series.

We shall not attempt to examine in detail



the many striking views, experiments, and original suggestions put forward by the writer, and confine ourselves to mentioning the subjects he investigates. After a chapter devoted to the divisions and structure of the nervous system, he explains the distinctions of motor and sensory nerves (subtracting somewhat here from Sir Charles Bell's claims), and then passes to the separate consideration of the motor nerves of the eyeball, of the face, the spinal accessory and sublingual nerves, the trifacial and the pneumogastric. The spinal cord is then discussed in several successive chapters, after which the cerebral hemispheres, the cerebellum, the encephalic ganglia, and the sympathetic nervous system, are studied in the order given. The last chapter is devoted to a physiological consideration of sleep.

The writer adopts the positive method of investigation throughout, and avoids psychology, as not within his proper sphere. The experiments he details are admirably adapted to illustrate the facts he deduces from them; and the most judicious use has been made of all the recent essays on this branch of knowledge. Indeed, the work is throughout a model of its kind.

**A Nomenclature of Diseases, with the Reports of Majority and of the Minority of the Committee thereon. Presented to the American Medical Association, at the Meeting held in Philadelphia, May, 1872. pp. 94.**

This is a provisional Report of the Committee appointed two years ago by the Association, to decide upon a uniform nomenclature of diseases for this country. It is based upon that of the Royal College of Physicians of London, 1869, which is subject to a decennial revision. A number of extra copies of the Report have been printed for general distribution, with a view to obtain suggestions for its perfection before final adoption.

The classification is, in a general way, based upon anatomical considerations; but, in the details, considerable modifications of the English model have been made. Some of these are to be regretted, especially, we think, the omission of the French, German, and Italian synonyms for diseases. The importance of these in making it sure

"that medical observation is occupying itself with the self-same diseases," was emphasized in the Preface (p. vi) of the London Nomenclature, and is especially obvious in this country, where there are so many foreign educated physicians.

The adoption of the *infima Latinitas* in names of diseases, instead of the more elegant but less expressive classical terms of the English edition, will probably be generally approved. The reasons given for it are satisfactory. For example, *cholera morbus* is a better term than *cholera simplex*, if we consider impartially what the purpose of the Nomenclature is. What if it is low Latin? It is, for all that, a case where we can shelter ourselves under the authority of the most elegant of Latin writers, for we are justified by the *norma loquendi*.

The more serious departures from the English model are those adopted in obedience to theoretical considerations of the nature of diseases. To some of these we doubt if many physicians will care to commit themselves. Epidemic cholera, for instance, is, in the English nomenclature, placed correctly (according to our notion) under the head of General Diseases; whereas, the American Committee remove it thence, and classify it among Diseases of the Intestines. If there are any good reasons for such important changes, they ought to be stated. The practical distinction made in the English edition between (class A) diseases in their nature general, and (class B) diseases which, at first local, become general, is omitted in the work before us. The addition of a section called "General Pathology," if intended to meet this want, does not do so. On the contrary, it adds to the confusion. To illustrate this, take the definition of *Carcinoma* (p. 3): "A morbid state of the system, in which there is a disposition to a certain malignant growth, denominated carcinoma." In other words, no distinction is made between these two very diverse meanings of the word; yet it is the very purpose of a Nomenclature to establish such distinctions. Moreover, the definition involves the theory that carcinoma is, from its outset, a general disease, which, to say the least, is questionable pathology.

The English names are placed by the American Committee first, which is convenient, but not more so than in the English edition, where one page is occupied by the

English names and definitions, and the foreign synonyms are placed on the page opposite. The American Committee advocate, in their Preface, the use of "the vernacular idioms in naming diseases." It is a departure from this rule to give preference (page 3) to "enteric fever" for typhoid fever, "cardialgia" for heartburn, etc.

How farsynonyms should be allowed in a work of this kind must be a hard question. The American Committee have been parsimonious in them, too much so, we think. Nor are those they give always correct. "Irritation of the bladder," *vesical irritation*, is not a synonym of Irritable bladder, and is an infelicitous alteration of the English edition's *vesica irritabilis*. *Irritation* signifies an act; *irritability* a condition. So, page 33, *ringworm* is given as the synonym of *tinea tonsurans*, and of no other skin disease, when, as we all know, in the vernacular it is far more frequently applied to a very different skin affection.

It would be much easier to submit this Report to the examination asked for it in the prefatory notice, if it had been provided with either table of contents or index. As it is, however, it is certainly the product of a great deal of labor, but, unfortunately, is one of those kind of works, like dictionaries, where the lapses are easy enough to point out, while the industry and ability expended on it do not show in anything like equal proportion.

A Year-Book of Therapeutics, Pharmacy, and allied Sciences. Edited by HORATIO C. WOOD, Jr., M. D., etc. New York: William Wood & Co., 1872. 1 vol., cloth, 8vo, pp. 360.

This work comprises a series of extracts from the medical and pharmaceutical journals of 1871, selected by the editor for the periodical *New Remedies*, and now republished in book form. They are arranged under five headings, Therapeutics, Materia Medica, Toxicology, Prescriptions and Formulae, and General Recipes. It forms a convenient work of reference for the practitioner, embracing most that is new and much that is neither new nor useful, suggested to the medical world throughout the year.

In glancing over its pages one cannot but be struck with the entire want of uniformity in the writing of prescriptions. The editor

has evidently given each as he found it; but it would certainly have been within his legitimate domain to have corrected obvious solecisms. On page 297, for instance, to which we turn by chance, out of six prescriptions given, four (and one of these the editor's own) cannot be reconciled to any laws of grammar known to language. The references to journals often lack precision, the dates being omitted, and the titles abbreviated until their identities are doubtful (see p. 284). The French, English and German measures and weights are also used indifferently.

While a carefully worked-up digest, in the interest not of quantity (as is too much the case here), but of quality, accuracy, and uniformity, would be far more acceptable, we nevertheless believe that the present book will be found of substantial value to the purchaser.

#### NOTES ON BOOKS.

A curious essay, of historical as well as medical interest, has been published in the Transactions of Academy of Sciences, of Göttingen. It is by Dr. K. F. H. Marx, and is concerned with that peculiar cardiac affection associated with intermittent pain and a feeling of impending death. The philosopher Seneca was one of the sufferers from it. The title of the paper is *Ueber die Anfälle mit dem Gefühle des Verschwindens, den intermittirenden chronischen Herzschermerz, das Leiden des Philosophen Lucius Annaeus Seneca*.

The red corpuscles of the blood, as they appear under various circumstances and reagents, have been studied closely by Dr. W. Manassein. The title of his pamphlet is *Ueber die Dimensionen der rothen Blutkörperchen unter verschiedenen Einflüssen. Histologische Beiträge zur allgemeinen Pathologie und Pharmacologie*. 1872.—Berlin, Hirschwald.

Mr. J. Morgan, of London, contributes a valuable work to Syphilography, in a volume recently published in London, entitled *Practical Lessons in the Nature and Treatment of the Affections produced by the contagious Diseases, with an Account of the primary Syphilitic Poison, and its Communicability, based on extensive direct and comparative Observation of the Diseases in both Sexes*.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPT. 21, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## THE PREVENTION OF INFANT MORTALITY.

A most laudable endeavor was made by philanthropic gentlemen in Philadelphia and New York, this summer, by organizing free excursions for poor children, to diminish the suffering to which the young are exposed in summer. Notwithstanding this and other means, the infant mortality in both cities was something terrible to contemplate, and merits the most earnest efforts of humanitarians to prevent.

Poor parents cannot afford to take or send their young children to the country. The suggestion which has been made of the establishment of free parks at elevated points, where parents, or mothers and nurses, may camp out in the summer months in such style as suits their means or convenience, either in tents or cheap cottages, would be of small avail for the vast majority of the poor. They could not take advantage of them. It does not reach the root of the evil.

If the causes of this infant mortality are closely examined, there will be found three, of prime importance, all of which are remediable. 1. The unwholesome, impure milk

used in feeding children. 2. The dirt and filth which poison the air of the streets, alleys and courts where the poor reside. 3. The ignorance of the mothers of the simplest principles of infant hygiene.

Now, as we have said, every one of these can be remedied, if philanthropic individuals and societies, backed by the proper city authorities, would set about the work in earnest.

Milk consumers' protective associations should be established, for it is the milkmen, not the farmers, who usually adulterate the milk. The courts and alleys should be kept positively *clean*, winter and summer. Unwholesome buildings should be condemned. Sewers and privies should be frequently inspected, and those deficient in construction should be repaired or destroyed. Finally, popular instruction in infant hygiene should be given the women of the lower walks of life, by free lectures, by appropriate publications, and by personal interviews.

Here is a great and a good work, and that it is most urgently called for, not only in Philadelphia and New York, but in all large towns, is most conclusively shown by statistical evidence. Some of this has lately been condensed in the form of tables by Dr. J. M. TONER, of Washington.

From these it appears that the census of the United States for 1850 showed a percentage of 39.76 of deaths of children under 5 years of age to the total deaths of all ages and the percentage in the census of 1860 had increased to 43.15. The mortality under 5 in the great cities of the country has risen to a much higher rate, the highest being in Chicago, where it has mounted from a percentage of 28.67 in 1843 to 62.83 in 1869. In 1868 the number of deaths of children under 5 to the total deaths of all ages stood in that city in the frightful proportion of 3713 of the former to 5984 of the latter, and in 1869 it had risen to 4077 under 5 to 6488 over that age.

Next comes St. Louis, where, in 1871, the

percentage was 51.10; the number of deaths under 5 being 3409 to 6670 above.

Ranging about the same as St. Louis is the percentage of infant-mortality in New York. In New York city in 1863 the percentage was 51.09; the number of deaths under 5 in that year being 12,359 to 25,167 above. In that city it would appear, however, that the proportion of deaths under 5 is rather diminishing than otherwise, as during the series of years from 1835 to 1853 it had ranged from 51.02 to 57.10, while in 1866 it was but 47.73, in 1867 it was 52.10, and in 1869 but 51.09. In the year 1871 the mortality in New York amongst the children seems to have been exceptionally large, as the percentage was 77.09; the number of deaths under 5 being 1946 to 2524 above that age. In Philadelphia, too, the chances of the little folks in the fight for life seems to be rather improving, as the percentage of deaths under 5 stood as high as 51.87 in 1853, and 51.25 in 1861, while from 1862 to 1869 it has ranged from 43.22 to 46.63, and in 1870 was but 44.27.

Next to New York in infant mortality comes Baltimore, with its percentage, in 1869, of 49.85 under 5 years, though the proportion has increased but little since 1860, when it stood 48.74.

Cincinnati in 1868 had a percentage of 46.68 under 5; and Philadelphia, as above stated, the next highest percentage. In New Orleans the returns are brought down only to 1857, when the percentage was 43.85. Providence, R. I., seems to be a favorable place for the little ones, as the mortality under 5 has not, from 1865 to 1870, been above 35.90.

In Washington the mortality returns have been so inadequately made that only scattered statistics covering separate years can be obtained. In 1849 the number of deaths under 5 was 400 to 866 above; a percentage of 46.18. In 1852 there were 547 deaths under 5 to 1115 above; a percentage of 49.05. In 1858 the percentage was 45.78,

the number of deaths under 5 being 423 to 487 above.

The comparative exemption of Providence, R. I., in this respect, will not appear strange to any one acquainted with the efficiency of Dr. SNOW, of that city, and the care he gives to improving its hygienic condition.

There is practical work to do in this field work of the noblest character, certain to produce immediate and gratifying results. Its direction should not be exclusively, or even mainly, in vast schemes involving heavy outlay and wide co-operation, but in personal labor, in house to house visiting, in humble, but repeated, unceasing effort, in forcing officials to perform well-recognized duties, in the prevention of daily frauds and adulterations, in teaching the homely precepts of familiar hygiene, in impressing on dull minds the value of life, in encouraging cleanliness, temperance, and thrift, in discouraging and hindering dirtiness, slovenliness, neglect of known precepts, and that apathy which is mis-called resignation.

## NOTES AND COMMENTS.

### The Aqua Tophana.

This once celebrated poison derived its name from Tophana, a woman who resided at Naples in the latter part of the sixteenth century. It was sold in phials, which, in order to escape the scrutiny of the government officials, were labelled "manna of St. Nicholas," purporting to be an oily liquid of reputed supernatural virtues which was said to flow from underneath the tomb of St. Nicholas of Bari. The name "manna of St. Nicholas" is familiar to all readers of *Kentworth*, though its mention there is somewhat of an anachronism. From four to six drops of this aqua or acquetta were said to be a fatal dose, and it was asserted that the dose could be so proportioned as to operate fatally at any fixed period after its administration. Tophana, who was convicted in 1707, and subsequently strangled by the order of Charles the Sixth, confessed to having been the means of destroying six



hundred lives. The wonderful effects ascribed to this poison led to many attempts to discover its composition. It was said to be a clear liquid, tasteless, odorless, and easily miscible in all kinds of food and drink. The most probable of the many suppositions advanced regarding the composition of the aqua Tophana is that it was an arsenical solution. In support of this, Hoffman quotes a letter from Gasparelli, physician to the Emperor Charles, in which he asserts that he was informed by the emperor himself (to whom Tophana confessed the secret of her preparation) that it was a solution of arsenic in an infusion of *cymbalaria* or toad-flax.

#### Utilizing Sewage.

A plan has been proposed in England, by GENERAL SCOTT, to precipitate the organic and mineral substances contained in sewage by means of lime and clay, and to burn the sludge thus obtained in a kiln, to make a cement for building purposes. This idea is now being carried out at Ealing. The cement thus made is sold for 35s. per ton, the net profit being 10s. 4½d. per ton. General Scott does not claim to render the effluent water purer than it results from other processes; but he claims that the water thus perfectly clarified is most fit for irrigation purposes, and he further suggests that by using his precipitants with sewage in the drains, the formation of sewer gases will be almost perfectly prevented; and further that the use of lime in this way neutralizes the acidity of the sewage, which sometimes destroys the joints of the drains.

#### American Crania.

At the National Scientific Congress, which was in session a few weeks since in Iowa, Professor Foster described some crania collected at widely different points; on the Desplains river, in Illinois, in Indiana, and at Dunleith. They differed so much from the Caucasian and Indian skulls that it was difficult to make scientific gentlemen believe they were not distorted. They belonged to mound builders, and were found in ancient mounds.

He argued, from the powerful construction of the skull, that the living man was in his nature a ferocious brute. He instituted a comparison between these skulls and those of the Indian. The opinion was advanced that a race of men existed on this continent

before the Indian. The skeletons found are about the ordinary height of men of the present day, but their mental organization must have been very low.

#### Sulphate of Copper in Ichthyosis.

A Belgian journal reports the case of a man aged 72, a patient in an asylum, under the care of M. Dumesnil, suffering from dementia, who was attacked with ichthyosis of the nose and face. Various remedies—ointments of *huile de cade*, of sulphur, white precipitate and other mercurial preparations, arsenic given internally, etc.—were used without success. An ointment of four parts of sulphate of copper in thirty parts of benzoated lard was then prescribed. Under its use the cutaneous affection disappeared in about three weeks. It returned, however a month later, and was again removed by the same remedy, which this time was persisted in, with the result of rendering the patient free from the disease up to the date of the report, nearly two years after the remedy was first applied.

#### Rise Early!

Dr. WM. ACTON says, in the last edition of his admirable treatise *On the Reproductive Organs*:—

"Although a man awakes thoroughly refreshed from his first sleep, he may arise after having taken a second doze thoroughly prostrated.

"It would be a curious and important question for physiologists to investigate why the second sleep refreshes us so slightly when compared with the first? On awaking the first thing in the morning, most persons, and especially convalescents, feel refreshed by their night's rest; but if they go to sleep again, and rise say at ten, they remain languid all day. Perhaps it may depend in a great measure upon the first sleep being sounder and quieter, and not being disturbed by the dreams to which those who indulge in the second are liable."

This is sound doctrine.

#### Certificates of Insanity.

The subject of improper incarcerations in lunatic asylums is again attracting public attention. The *Public Ledger*, of this city, remarks:—

"As a rule the medical faculty are very cautious in giving their signatures in cases where the patient has been personally un-

known to them. But some, we regret to say, appear to have neither caution nor scruple on the subject, giving their certificates upon casual observation of persons whose previous history, and health, and habits are unknown to them, except through the representations of others. A case in point has been brought to our attention quite recently, wherein a medical certificate of insanity has been given by a doctor in this city in the case of a person who is as perfectly sane as the Resident Physician of any hospital for the insane in the world. Taking all the circumstances of this particular case into account it is amazing that any doctor could have been so misled or so reckless."

Physicians should certainly exercise the utmost caution in such a serious matter.

### CORRESPONDENCE.

#### Effects of Chloroform. Perineal Abscess.

EDS. MED. AND SURG. REPORTER:

I was called, March, 1871, to set the humerus of a little boy set, three. Inflammation having set in, and being fretful, I was forced to use chloroform. His mother remonstrated, but gave no valid reasons. In one minute the system began to relax, pulse and respirations became very feeble. The chloroform was withdrawn, but pulse and respirations ceased, face became deathly pale and eyes suddenly opened. Every appearance denoted death, but cold water and careful manipulation partially resuscitated him, the arm was set, and all went well. The mother then informed me that she had lost a child not long before, from chloroform, the physician failing to resuscitate it. It was an idiosyncrasy.

October, 1871, was consulted in regard to a watermelon seed in the trachea of a little boy set, three. Advised delay in operation a few weeks, hoping the seed would come away. On 23d, symptoms growing worse, I determined to operate. Chloroform was prefaced by brandy; system soon relaxed, consciousness ceased, but sensibility never did. At every stroke of the knife he would writhe and show signs of great pain. The operation was dreadfully tedious, neck short and fleshy, but trachea finally reached, wire V introduced, body declined while the head was held back, and the seed was discharged. It was a large black seed, but the edges were worn white.

In April, 1872, I attended Mr. H. for perineal abscess, which resulted in fistula in ano, and required an operation.

July 9th, I attended Mrs. H. in confinement, at proper time, nine months. The child was jaundiced, but in twelve days, under treatment, skin became healthy, and it seemed to be doing well. On eve of 20th, first symptoms were seen of perineal abscess. It rapidly advanced, and on 23d had matured; a small puncture was made, and a discharge of about a drachm of dark pus followed. During the succeeding twelve hours it discharged over an ounce and began to slough, and continued to 29th, when bones of pelvis of left side were exposed and it died. This abscess was precisely in same locality as that of the father, and had a similar appearance. The mother is very sensitive, and susceptible of nervous impression. Did the abscess in the father's case have anything to do with that of the child?

J. R. TAYLOR, M. D.

Texas, Sept. 2, 1872.

#### Chicory in Incontinence.

EDS. MED. AND SURG. REPORTER:

I am not aware that works upon *Materia Medica* class chicory as a remedy in diseases connected with the urinary organs, or claim any medicinal properties for it. But from observation and experience in its administration and use, I am satisfied that it is a valuable medicinal agent in incontinence, the result of atony and relaxation of the sphincter and other muscles controlling the escape of the urine.

My knowledge of its efficacy in this regard was derived by the accident of observing, in the case of an individual afflicted with incontinence, that the difficulty was alleviated markedly when he, or the family of which he was a member, used *mixed* coffee, and, *vice versa*, was aggravated when *pure* Java coffee was used as the family beverage. My opportunities were peculiarly favorable for making the observation; and of the fact, derivable from such observation, as stated, I became thoroughly convinced. Profiting by the experience thus ascertained, the coffee with chicory, that being the admixture ordinarily of the bulk coffee, was exclusively employed as the drink at family meals. The improvement continued to be more unmistakable than ever, as the result of the regimen adopted, and, being persisted in, re-

covery occurred, attributable, as I believe, to the agency of chleocory.

Subsequent experience confirms my belief in the efficiency of this agent. At present I have a case of incontinence in an old gentleman of eighty-three—a peculiar infirmity of elderly men—to whom I have prescribed a decoction of pure chleocory with decided benefit. I have not had an opportunity of prescribing this remedy in the cases of children, with whom incontinence is a common, and generally an intractable difficulty. But I would expect relief from its employment. I have suggested the agent in question because I believe it possesses valuable medicinal properties, and would like to hear the result of a trial of its use by others in the profession.

J. H. THOMPSON, M. D.

Goshen, N. Y., Sept. 13, 1872.

#### Cases in Toxicology.

EDS. MED. AND SURG. REPORTER:—

I send you the following notes on cases of poisoning:—

#### STRAMONIUM.

June 14, 1872, 6 P. M. Called to see a little girl of four, white, and of a healthy constitution. She had been in the yard with another child about the same age, when they ate some seeds from a stramonium burr. It was not mature, but the seeds were full grown.

Found the little girl with a flushed face, full and rather slow pulse, skin hot, and not dry. Pupils dilated very much, and the eyes presented a glistening appearance. She staggered on attempting to walk, and occasionally there was a convulsive starting of the lower limbs, and a backward flexure of the spine. Vision impaired, intellect somewhat affected. Also a disposition to laugh, and there was a half-smiling look all the time. Gave some whisky and water, which accelerated the pulse somewhat. Being compelled to leave, advised to send for another physician who could further observe the case. Dr. Burnett was sent for, who informed me next morning that he gave an emetic of ipecac., which brought up quite a quantity of seeds. He ordered castor oil, which before morning caused the evacuation of still more seeds. At breakfast, on the 15th, she could eat, and appeared pretty well. Pupils still dilated. The other child

I did not see, but was told that vomiting occurred, and the symptoms were not alarming.

F. H. BAILEY.

Knoxville, Tenn.

#### The Use of Seneca.

EDS. MED. AND SURG. REPORTER:—

In the REPORTER of August 24, 1872, I observed some reasonable and pertinent remarks by D. R. Silver, M. D., Sidney, Ohio, about my combining too many remedial agents with seneca; and against attributing the alterative properties of these combinations to seneca alone.

Please, sirs, to allow me to state that I have used (as D. R. Silver, M. D., suggests) the syrup seneca separately; and although it is extremely acrid, have found it just as powerfully alterative in bronchitis as it has been when modified by correctives. In addition to this I have known the decoction of seneca, although yet more acrid, similarly efficient.

Syrup seneca, with its acridness partially obtunded by ant. et potass. tart., has to my knowledge been effective in the permanent cure of hundreds of cases of bronchitis. I have never observed any case in which antimonial wine or mist. glycyrr. comp. appeared to produce any alternative effect whatever upon the bronchi. They may be beneficially employed in the first stage of bronchitis; but they can only palliate a cough of long continuance.

Such correctives, however, are exceedingly valuable when employed to render both the syrup and the decoction of seneca less disagreeable to the patients who may have occasion to use either of them.

Your obedient servant,

THOMAS BARROW, M. D.

Baltimore, Md.

A Peculiar Form of Ophthalmia as a Diagnostic Symptom in Cerebro-Spinal Meningitis and Myelitis.

EDS. MED. AND SURG. REPORTER:

This form of ophthalmia comes on about the third or fourth day. First one eye is inflamed, while the arm and leg of the opposite side is convulsed. It becomes most marked when paralysis results in the opposite side, indicating the development of myelitis. Then the other eye becomes inflamed, while the opposite side is convulsed, to be



paralyzed in its turn. The disease follows this course most frequently in children.

The conjunctiva is first slightly injected, the color gradually deepening until it assumes a peculiar pink shade. At first there is secreted from the conjunctiva a flaky white pus, gradually becoming more fluid, but always very white. The eyeball gradually sinks until it becomes flattened and sinks deep into its socket. This symptom has often enabled me to distinguish this disease, when in danger of mistaking it for convulsions from other causes, especially in children, when the case has not been under observation in its early stages. The inflammation may be attributable to an extension of the inflammation from the brain along the optic nerve.

JOHN BROWN RIGG, M. D.

Columbus, Miss.

## NEWS AND MISCELLANY.

### The Tri-State Medical Association.

The second annual meeting of the Tri-State Medical Association was held at the Delaware House, in Port Jervis, New York, Wednesday, September 4th.

The membership has nearly doubled in a single year, and the Association is prosperous in every particular.

The retiring President, WM. L. APPLRY, M. D., delivered the annual address, a copy of which was requested for publication in THE MEDICAL AND SURGICAL REPORTER.

The following are the officers elected for the ensuing year:—

President—Sol. Van Etten, M. D., Port Jervis, N. Y.

Vice President—B. G. McCabe, M. D., Middletown, N. Y.

Corresponding Secretary—W. W. Ap-pley, M. D., Cohecton, N. Y.

Recording Secretary—D. H. Decker, M. D., Monticello, N. Y.

Treasurer—Wm. H. DeLong, M. D., Equinunk, Pa.

SOL. VAN ETTEN, M. D., President.

D. H. DECKER, M. D., Secretary.

### August's Temperature.

The following statement shows the mean temperature of the weather in Philadelphia during the month of August, as recorded at the Pennsylvania Hospital, viz.: 1864, 79.40; 1865, 74.74; 1866, 72.05; 1867, 75.10; 1868, 78.42; 1869, 76.30; 1870, 78.82; 1871, 78.50; 1872, 81.64.

Thus it will be seen that August last was warmer than the same month of any of the years named above, and exceeded the next warmest (1864) 2.24 degrees, and the next warmest (1870) 2.82 degrees.

### A Curious Pet.

One, probably, of the strangest domestic pets ever heard of, was recently exhibited at the meeting of the British Association, by Sir John Lubbock. It was a tame wasp, which had been in his possession for about three months. The wasp was now quite tame, though at first it was rather too ready with its sting. It now ate sugar from his hand and allowed him to stroke it. The wasp had every appearance of health and happiness; and although it enjoyed an "outing" occasionally, it readily returned to its bottle, which it seemed to regard as a home.

### A Piece of Old Superstition.

Our correspondent, Dr. A. D. BINKERD, calls our attention to the following absurd statement in the *Pittsburg Commercial*, of September 7:—

"CHILD'S DEATH CAUSED BY A CAT.—Portland, Me., Sept. 8.—A three months' old child of Mr. Herriek, of this city, lost its life this morning, by a cat sucking its breath while sleeping."

It is time such a relic of the dark ages as this superstition should be discarded.

### A Hard-Worked Coroner.

During the month of August the Coroner held 124 inquests, and his physician made 18 post-mortem examinations.

AMONG the candidates who lately passed the anatomical examination in the University of Berlin with special approbation, was a Japanese student named Sasumi Satou, son of the private physician of the Mikado.

THE *Siglo Medico*, of Madrid, announces a work on Internal Pathology, in verse, by Don José Zalabardo. The author states that it is on a level with the present state of science.

A REQUEST of 10,000 francs has been made to the Academy of Medicine in Paris, by M. Falret, for the purpose of founding a prize on mental and nervous diseases.

THE celebrated French Physician Louis has lately died, at the age of eighty-six.

### MARRIAGES.

WEAVER—WEAVER.—At the house of the bride's parents, on September 5th, by Rev. T. O. Stern, Dr. S. J. Weaver, of Weaverville, and Miss Mollie J. Weaver, of Lower Lenoir.

### DEATHS.

STEWART.—Murdered by the Indians, August 27, in Arizona, Lieutenant Reid T. Stewart, A. M., of Fifth United States Cavalry, only son of Dr. J. L. Stewart, of Erie, Pa., aged 22 years, 5 months, and 7 days.